

**TROY RECREATION DEPARTMENT'S
2005
YOUTH TENNIS LESSONS
(AGES 8-18)
MONDAY, TUESDAY, THURSDAY, AND FRIDAY
JUNE 6 -JULY 1**

Receipt # _____

Name _____ Male/Female

Address _____ Phone _____
(street)

_____ Zip _____
(city)

E-Mail Address _____

Name of School _____ Grade _____ (Completed by June)

Birthdate _____ Age _____

Doctor's Name _____ Phone _____

Emergency call _____ Phone _____
(neighbor or relative)

WAIVER AND RELEASE

We, the undersigned being fully aware of the dangers inherent to the sport of tennis , do give permission for our son/daughter to participate in the above summer program. We do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, instructors, the supervisory staff, or their agents or servants, as a result of injuries incurred by our child while participating in this program.

Date _____

Signature _____
(parent or legal guardian)

REGISTRATION FEE: \$12.00

_____ Beginner - 9:00 - 10:00 a.m.

_____ Intermediate - 10:00 - 11:00 a.m.

_____ Leader - 11:00 - 12:00 noon

REFUND POLICY: Department will make program refunds for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.